

APPLICATION FOR EMPLOYMENT

ABM Mechanical, Inc.
 33 Dowd Rd. Unit 1
 Bangor, ME 04401
 207-992-9250
 Fax 207-992-9254

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name
Address	Number	Street	City
			State
			Zip Code
Telephone Number(s)		Social Security Number (voluntary)	

Best time to contact you at home is: : ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If Yes, give date Yes No

Have you ever been employed with us before? If Yes, give date Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No
 If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available _____ - _____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without reasonable accommodation? _____ YES _____ NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing & Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



ABM Mechanical, Inc.
Applicant's License Inquiry Form

Questions:

1. Do you currently hold a plumbing license?

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

2. Do you currently hold a heating license?

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

3. Do you currently hold a solid fuel license?

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

4. Do you currently hold a gas/propane license?

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

5. Do you currently hold a refrigeration license?

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

6. Do you currently hold MedGas certification?

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

7. Do you currently hold welding certification?

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

8. Do you currently hold OSHA 10hr certification?

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

9. Do you have any forklift training?

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

10. Do you have any scissor lift training?

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

11. Do you have any First Aid training?

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

Answers:

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date:

YES or NO:

IF YES...

Type:

State License Issued:

Exp. Date: